DOCUMENT RESUME

ED 264 704 EC 181 353

AUTHOR Harrell, Lois
TITLE I Can Do It with Exposure, Experience, Expectation and Enjoyment!
PUB DATE Oct 84
NOTE 12p.; In: Sykanda, A.M., Ed.; And Others. Insight in Sight: Proceedings of the Conference on the Visually Impaired Child (5th, Vancouver, British Columbia, October 18-20, 1984). For proceedings, see ED 260 566.
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Blindness; *Educational Needs; *Expectation; Infants; Intervention; Psychological Needs

ABSTRACT

The experiences of a home counselor for a blind infant intervention program are summarized. Discussed is the role of four areas in successful programming: (1) exposure, or the need for hands-on experience with the world to understand cause/effect and promote imagination; (2) experience of things in such a way as to provide realistic associations and a foundation for visualization; (3) expectations, which mitigate against learned helplessness; and (4) enjoyment, which provides motivation for self-initiation. The paper concludes by listing a series of additional aspects necessary for blind children's independence: essentials, efficiency, energy/exhuastion, explanations, esteem, extra-curricular interests, encouragement, excuses, and evaluation. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED264704

I CAN DO IT WITH EXPOSURE, EXPERIENCE, EXPECTATION AND ENJOYMENT!

Lois Harrell,
Home Counsellor
Variety Club Blind Babies Foundation
San Francisco, California

Through my career I have had the joy of interacting with, and being on the teams of hundreds of legally blind infants and children. They have been my teachers and have given me intense respect for human potential. They have also sent me on an on-going quest for key factors that contribute to the foundation for success and the belief that "I CAN DO IT," when the impact of blindness can interfere with acquisition of that potential.

There have been times, for example, that I have come home after working with a blind child that I know can do it, yet I have found myself asking such questions as:

-Why am I worried?

-What am I missing? (...is the child missing? ...are others missing?)

-Why is there frustration? (Mine..the child's..the parents...other professionals?)

-What needs to be done? (By me..the child..others?)

-What IS being done that is interfering? (By me..the child..others?)

-What statement is being made by the actions/non-action of the child?

-What is necessary for this child's success in this situation?

EC181353

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

G.W. Magarrell

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Obviously there is no checklist to resort to for specific answers to these questions. They remain with each child. However, as I try to understand the impact of blindness on learning and applying information, I am starting to recognize some patterns.

At this point, it is fair to state that as a Home Counsellor with Variety Club Blind Babies Foundation, my experiential education is heavily child-based. I am aware that the significance of this is reflected in an obvious bias and intensity with which I emphasize understanding the total dynamics affecting the unique perspective of learning and doing without vision, the primary integrating sense. However, most of the children that I work with, and who have taught ME, have little or no visual memory on which to build a foundation. In addition, they do not have the advantage of the incidental learning that their sighted peers do, and are initially totally dependent upon others for guidance, input and motivation to promote comprehension through use of their other modalities. Thus, the impact of severe visual impairment for this population is dramatic.

In trying to understand the components of the foundation for success that may be affected by blindness, I have become aware of the fact that the areas of EXPOSURE, EXPERIENCE and EXPECTATIONS play a primary role. Each is significant in isolation, but the synergistic combination of the three is almost essential for successful acquisition and application of the tools with the attitude of I CAN DO IT! In addition, if the element of ENJOYMENT is an intrinsic part of the overall picture, the opportunity for achievement will be enhanced! The challenge is to make realistic assessments of the total dynamics and determine if any of these areas needs to have more direct (active) and comprehensive introduction or reinforcement from the child's perspective. The variations within the esoteric situations of each child makes prescribed solutions to problems impossible, but a general awareness of some of the influences in the areas may help:

<u>EXPOSURE:</u>

In order for the blind infant to begin to recognize patterns of actions, events, and things happening around him...so that anticipation can lead to participation...he must have "hands on" sequential exposure. Without vision to confirm the existance of a world "out there," this infant is at-risk of staying in his own world. Therefore, early intervention will often consist of "co-acted" activities designed to establish bonding; to promote the child's awareness of self; and to establish object permanence and "moving out". It is natural

for these activities and the related verbal input to be child-centered and related to the immediate environment to establish an associative foundation.

While these interventions promote the care-givers' awareness of how to help their child become "part of the action," they also reinforce fears of what their blind child cannot yet understand and do. This can sometimes effect the overall pattern of exposure. For example, family shopping may be done when the child can be kept at home because "after all, there is nothing for him to see to keep him occupied." Instead of protecting the child from boredom, this attitude is actually depriving the child of the opportunity to share the noises, smells, action, people, sensations and sequences of going shopping (from getting into the car, going into the store, and bringing home specific items, etc. How does the food get there? The Good Fairy?) True, the associations will be fragmented and distorted until the context of the experience can be understood. However, the shared activity will help to promote curiosity and acceptnce of new situations. As these activities become common, it may also prevent the child from wanting to seek the security of home. Many visually-impaired children resist even simple transition because they cling to the comfort of familiarity.

Recently, I went to the store with a blind 2-year old. We were having the productive fun of putting things in the cart, shaking boxes, smelling fruits, and squeezing packages. However, when we were near the meat section, the butcher suddenly turned on the saw to cut meat. The resultant noise frightened the child, putting a halt to our activities. The initial response of the mother was to have the butcher stop until we were out of the store and to take the child home where we could continue exploring foods, but in a "safe" place. Obviously, at this stage checking out the saw would not help the child to "understand" what made the noise. However, with reassurance we remained in the store and gradually moved near the area of sound, making casual reference when the saw was going. The child picked up our calm acceptance, was gradually able to erase his fear, and in a short period of time, was saying "saw" when he heard the buzz. It had become "all right".

Exposure promotes awareness of existence of things and cause/effect. It stimulates curiosity and the asking of questions. It activates the imagination. It feeds the mind with information and can be varied or consistent; random or sequenced; tangible or undefined. It is not necessarily determined by what the child will "readily understand," but rather by what is happening.

Though the benefit of exposure is not dependent upon a foundation of association, it contributes to the whole. If, for example, the class is studying various kinds of trucks, has the child at least had enough exposure to fit together parts of the conversation? The concept of "truckness" will not come by sitting only in the cab of Dad's pickup. Has the child explored the inside of a mail truck, or perceived the vastness of a moving van, or felt the big wheels of a logging truck? It takes lots of exposure for the "4-C's" to take place. (COMPARE, CATEGORIZE, COMPREHEND and COMMUNICATE.)

There is reason that the ability to generalize is delayed in blind children. They do not have the instant confirmation, internalization and associated extension that vision provides. It takes more direct time and varied "hands-on" opportunity to assimilate, interpret and reinforce information. I am reminded of a blind boy who "finally" became toilet trained. In church, before the sermon was over, he anxiously pleaded with his mother to take him home. When they got outside where they could talk, his mother wanted to know what the urgency was. The child replied that he had to go to the bathroom. The mother pointed out that there was a bathroom in the church, and the child was both surprised and delighted (and probably relieved.) When he had been in diapers, there was no need to think of him missing out on that information, while yet sighted children might pick it up on their own. And, had the boy been exposed to the bathroom before he "was ready" to use the facilities, he would still have had the information in store for when it would be applicable. As it was, the result of this occurrence introduced the child to the joy of discovering that there were all sorts of bathrooms in all sorts of locations. In addition, the parents were reminded that there were lots of other things in the church and other "familiar" places that the siblings had taken in visually and that the boy was unaware of because they had kept him with them, rather than encouraging and helping him to explore the environment. In effect, they learned not to wait until the child gave clues of readiness to apply the information (those clues may never come,) but rather to expose because things are just there.

EXPERIENCE:

Exposure is a vital component of experience, but it alone will not necessarily result in understanding and application of information. In order for the child to have a REAL experiential foundation, he must have personal understanding of something in a way that will give him realistic associations. He needs to be able to process and interpret for meaning. Experience provides the tools for comprehensibly tying together.

We must be especially careful not to hurry the process of learning, which goes from concrete, to manipulative, to abstract. For example, language is abstract and can be absolutely meaningless without real associations. How many times have we been mislead into thinking that a child knows what he is talking about because his descriptive picture seems so complete? I went to the home of a totally blind boy who happened to be extremely verbal in spite of being very sheltered "because he might get hurt". The child was eager to share the fact that they had gotten a kitten, and proceeded to describe it in detail, and telling me that it was his job to feed it. I was thrilled for him. When I asked where it was, the father told me that it was outside and they wouldn't let it in because cats carried germs. In fact, the child had never touched it and his sole "active" involvement was putting a bowl of food on the floor and calling the kitty to dinner. The child knew how to repeat descriptions he had heard, but had no real idea of what he was saying. He wouldn't recognize a kitty. With sadness I listened to more empty conversation from the boy and carefully waged an effort to convince the parents that experiential deprivation would be more detrimental to the child than "dirt".

On another occasion, a child came home from preschool and excitedly told his mother that they had "made a cake." When asked how they did it, the reply was "Oh, ya just move a spoon around in a bowl." Because that was the only part of the experience that he actively participated in, it was his only concrete perception of what was involved. Obviously his sighted peers had a more complete picture of the total process, even if their only active involvement was stirring too. Fortunately, the mother picked up on this and the child shared in making a cake at home, experiencing all the steps.

Even with a good experiential foundation, I am aware of sophisticated thought processes needed to "visualize" what is happening when only words are the clue. Once I spent the day with a family and their 9-year old totally blind daughter. We developed car trouble. The first clue was the smell of gas. On checking, someone observed, "Oh, look, there must be a leak in the fuel pump. See the drip?" Later, the child made the comment, "A leak is a drip." She had been working on trying to understand what was happening and "leak" and "drip" were the only concrete aspects of the conversation, from her perspective, for which she had any associative foundation. There was no way that she could comprehend the total situation, any more than I can understand what makes my car work. However, we did talk about "leaks" to help give her more information for association. We discussed that

leaks can be drips, but they can also be air, such as when you let air leak out of a balloon; and that if the toothpaste leaks out of the tube, it doesn't necessarily "drip". In effect, we tried to give her tangible examples to demonstrate what was being described as a leak. What was interesting was that she, in turn, exercised her mind (and ours) by extending the list of examples.

Another interpretation of EXPERIENCE that is vital is practice. Too frequently we "help" the blind child who is capable of doing something, to save time or frustration. In effect, we are hampering that child because he is not getting the practice that will help him to smooth his skills. Practice is what leads to proficiency. We often overlook the fact that a sighted child sees others performing tasks, picking up visual clues for efficiency, without actually going through the process. The only way that the blind child will get the necessary reinforcement is by actively repeating the experience and its variations. During any shared activity, we should continue to ask, "Am I doing things that the child could actually be doing?"

In addition, interest and purpose will enhance practicing. If, for example, a child is learning to sort coins in school, has he had the opportunity to understand how he can apply the skill? Has he been able to got to the store or cafeteria and used coins for exchange? There needs to be a concrete foundation based on active, logical and sequential experiences, with enough reinforcement and variation for generalized application.

EXPECTATIONS:

In the past, I have capsulized the "Sequence of Doing" into AWAKE, CAN, HOW and DO (with motivation.) In effect, IF the individual was aware of things out there to do; knew that it was within his capabilities; and learned how, then it would happen. That was putting a lot of weight on EXPOSURE and EXPERIENCE, and not enough emphasis on success's contributing factor of EXPECTATION.

The reality is that application of information is highly influenced by the expectations of others. The blind child has less of an opportunity to be influenced by peers and role models for self-initiated challenges, and responds to what he perceives to be the expectations of others. What has been observed to be inconsistencies in a blind child's behavior may in fact be inconsistencies in the expectations of others. For example, on occasion I have observed a child demonstrate a higher level of self-help skills and

independence in the school than at home. Conversely, there have been times that the school personnel was unaware that a child was doing something at home because they didn't see it happen at school. Communication and teamwork is essential, not only to understand the child's foundation and capabilities, but also to coordinate the process by which the child understands what is expected.

Learned helplessness can take over because others are uninformed as to what to expect with blindness. It can also be a reflection of pity, which the child can pick up. I had the good fortune of seeing the "pity hypothesis" challenged by a 4 1/2-year old who had lost vision at age 3. His father had asked him to feed the dog, and he complained, "I can't, cuz I'm blind and it takes too long." The father retorted, "Son, you may have lost your vision, but you did not lose your ability to do your chores like the rest of us." A huge grin crossed the child's face as he left to comply.

Behaviors may also reflect conditioned responses rather than potential. In walking, for example, one child in particular pulled back, and let whoever had hold of her hand take charge. Yet, if her hands were full and other modes of mobility guidance had to be used, such as a light touch on her shoulder, she would be erect and move much more freely. It was as though she thought you "expected" her to be dependent when you took her hand. Another child was resistant to intervention that introduced her to new things. She got into a pattern of complaining and needing to be coaxed to cooperate. This not only prolonged the activity to and produced frustration, it also denied others the opportunity of seeing how quickly she could actually comprehend what was wanted. During a cookie-making session that incorporated all sorts of concepts in a fun way, the child resisted the "goo"--dropped batter deliberately--and complained incessently. After assessing that the task was not too difficult, I finally sternly commented that, "I don't let my own children act that way and I don't expect <u>you</u> to." She paused, processed, and almost immediately started working quickly and accurately, shocking me into wondering how many other things she was capable of, but not yet demonstrating. Plus, we ended up having shared fun!

<u>ENJOYMENT:</u>

Although active EXPOSURE, EXPERIENCE and EXPECTATIONS are necessary contributors to success for the blind child, I am finding that ENJOYMENT is also a powerful component. I once heard the statement that "Nothing purposeless perpetuates itself," and it gave me much food for thought. The goal is

maximum independence, but for the blind child--what is the motivation? The ENJOYMENT factor has a strong influence on self-initiation. It takes lots more work and energy to learn about things and get to the point of being able to do even the basic survival skills with ease, when there is severe visual impairment. But, as I look closely at the children who seem to be a bit freer...a bit more involved in life...the "Doers," I also see a common thread of enjoyment. Think of the role that it plays in all of these areas:

Exposure: When the parents begin to really enjoy their child, it is an indication that they have started to deal with their feelings about blindness and are beginning to understand and accept their child as he is. From the child's perspective, it seems to add essence to his life. From the parents' perspective, when this occurs, there seems to be more inclination and energy to share, rather than withdraw from situations. The quantity and quality of exposure is enhanced.

Experience: If the child is enjoying an experience, it reflects that he is comfortable. Maximum energy is being directed towards the experience itself, rather than being lost to focusing on ways to resist, or in assessing what is wanted or even if the situation is safe.

Expectations: When enjoyment is expressed in meeting expectations, it indicates that the success/failure ratio is realistic, and that the child has a REAL opportunity to EARN self-esteem. The message, from the child's perspective is I CAN DO IT!

This would be the ideal place to say "That's it!" However, others have pointed out that I would be remiss if I didn't at least touch on some of the other things to be considered concerning blindness and I CAN DO IT, SUCH AS:

ESSENTIALS: Each individuals situation should be adequately assessed with regard to aids, equipment and skills that would promote independence. Would braille or large print be most efficient? Can low-vision aids make a difference? Has equipment been provided? Has a skilled Orientation and Mobility instructor been involved? Have all resources been made available?

EFFICIENCY: Even with the best of tools, the results will not be maximal if the individual has not been taught the most efficient techniques of their use. There are thousands of low-vision aids that remain in drawers because introduction of the use was limited to the doctor's office. Too many people have given up braille out of frustration because they were not taught (or did not practice enough) in a way that would reduce "scrubbing" and back-tracking. Many people sit home because they have not mastered independent cane travel. In effect, lack of efficiency is the inhibitor.

ENERGY/EXHAUSTION; It takes more time and energy to process tactually and auditorily, without instant integration of the whole, by use of vision. Therefore, we must be aware of salient fatigue factors. A 5-year old totally blind child, for example, was put in a chaotic class with 25 other children. Although she was able to do the work, her mother recognized that she was coming home absolutely exhausted. Trying to sift through the ambient sounds in addition to understanding the other things that were expected took lots of energy. Moving her to a quieter class proved less stressful and more productive.

EXPLANATIONS; The blind child deserves to have things explained. One time a teacher complained that the blind child in her regular class did things to get attention. In assessing the situation, it was observed that the teacher told the children to get their books ready. The blind child had a desk with a shelf below and slipped the book out. He then took it and slammed it loudly on his desk at least twice. The teacher demonstrated agitation. At the same time, she seemed to be totally unaware of the fact that the other children had taken their books out of their lift-top desks and were letting the tops bang down. It turned out that the blind child had no idea that the desks were different and in his effort to be like the others, he tried replicate the noise that he heard them make.

ESTEEM; Self-esteem cannot be given. It must be earned. Yet, too often false praise is given to a child because of his blindness rather than because he earned it. One time a teacher was overheard repeating "nice walking" to a 3-year old total who had been able to walk for a long time. She thought it would make him "feel good". Actually, the real message that he was getting, since the other kids that were doing the same natural thing and didn't get similar praise, was..."Nice walking...for a blind kid." It has even been found that many people

continue to talk to their blind child much longer in the tone that they talk to babies.

Expectations often differ and the child is deprived of the opportunity to really test his potential. One year a child had a teacher who would accept his work even if it wasn't complete. After awhile, classmates began to resent this unnecessary favoritism, but the child was unaware of the feelings. It wasn't until he had a more demanding teacher and experienced detention with others who were late with their work, that he really felt that he belonged.

EXTRA-CURRICULAR INTERESTS; Isolation can be a real problem. The blind child deserves the opportunity to develop interests that will give him an identity beyond blindness. People like to be around others who are interesting and fun. With so much one-on-one necessary for initial learning experiences, it is easy for a blind child to become self-centered. Extra curricular activities will help get the child involved with others.

ENCOURAGEMENT; It must be kept in mind that vision plays a strong role in encouraging continued efforts. Simple glances can send the message that the child is on the right track or is pleasing someone. Also, a quick visual scan can give the information that a task is almost done, or that time is almost up. The blind child needs tangible ways of processing the same information. Additional positive strokes and verbal comments are fair. Helping the child to identify non-visual ways of assessing time components or introducing the steps of a project also helps.

EXCUSES; There are times when it is appropriate to use the eye condition as an exception for special treatment. The child should learn how to describe his needs comfortably, such as sitting in the front of the room to take advantage of any useable vision.

Unfortunately, there are lots of inappropriate behaviors that are allowed to perpetuate with the excuse of blindness. The child misses the visual clues that others may not also do what he is doing, such as flicking his hands, or rocking, and that it is drawing attention to him. He does not receive subtle clues that his actions bother others. People worry that they will make the blind child self-conscious if they bring it to his attention. But, the child deserves to know that he is distracting and how, before people avoid him due to THEIR discomfort.

EVALUATION; Although I believe that it is unfair to compare a blind child with one who can see, I do feel that it is good to take an occasional look at what other children at the same age are doing. This may allow a more realistic picture. If there are concern areas, you can ask, "Is it the blindness that we are dealing with, or something else...like the fact that the child is becoming a teenager?" If there is a problem related to the blindness, then take time to evaluate and address the total dynamics.

IN CONCLUSION: I have ended up using enough "E's" to rival the number of E's on an Eye Chart in the Doctor's Office! But--it is just a start. There is still the rest of the alphabet...and, WE CAN DO IT!